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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/29/2013 7:51 AM

Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

		<u> </u>		
Division of Business Filings Business Filings PO Box 718 Frankfort KV 40602	Articles of Org Limited Liabilit			KLC
Frankfort, KY 40602 (502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS	 275, the undersigned	applies to qualify and for that purp	ose submits t	he following statement
Article I: The name of the limite	d liability company is			
Germantown Booch L	LC			
Article II: The street address of	the limited liability cor	mpany's initial registered office in K	entucky is	
2716 Old Rosebud, S	Lexington	KY	40509	
Street Address Only (No Post Office E		City	State	Zip Code
and the name of the initial regist	ered agent at that offi	ce is Northwest Registere	ed Agent,	LLC
		company's initial principal office is		
702 Camp St		Louisville	KY	40203
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be mana	ged by (must check one):		
Article V: This application will be	e effective upon filing,	unless a delayed effective date an	d/or time is p	rovided. The effective
date or the delayed effective dat	e cannot be prior to th	ne date the application is filed. The	date and/or t	7/30/13
	o carmer be prior to t	io date are approached incl.		(Delayed effective date and/or time)
I/We declare under penalty of pe	erjury under the laws o	of the state of Kentucky that the for	egoing is true	and correct.
Childe It	_	Emily Ruff - Owner		7/30/13
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Northwest Registere	d Agent, LLC	, consent to serve as the registered ager	nt on behalf of the	e limited liability company.
Print Name of Registered Agent		Dan Keen - Manager	7/3	0/13
Signature of Regist red Agent		Printed Name	Date	
(01/12)				